Health Workforce Subcommittee

Governor's Council on Workforce and Economic Development

April 19, 2017
2:30 p.m.-4:30 p.m.
OSDH
1000 NE 10th Street, Room 1102
Oklahoma City, OK 73117

Section	Time		Presenter
Welcome and Introductions	2:30	10 min	Shelly Dunham, Co-Chair David Keith, Co-Chair
Health Care Transformation and State Priorities	2:40	20 min	Adrienne Rollins
Subcommittee Required Evaluation Metrics/Standards	3:00	15 min	Jennifer Kellbach
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Workgroup Breakout	3:45	40 min	Group Discussion
Next Steps	4:25	5 min	David Keith

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Meeting Objectives

- Achieve agreement on evaluation process to ensure data-informed and evidence-based recommendations

- Identify priorities areas and update activities necessary to accomplish objectives in Health Workforce Action Plan

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The Oklahoma Plan: Health and Human Services (HHS) Agency Alignment

HHS joint initiatives to improve health in Oklahoma:

- OHIP 2020
- State Innovation Model (OHIP Road Map)
- Interagency Governance – DISCUSS/Operational Committee and Quality and Evaluation Committee

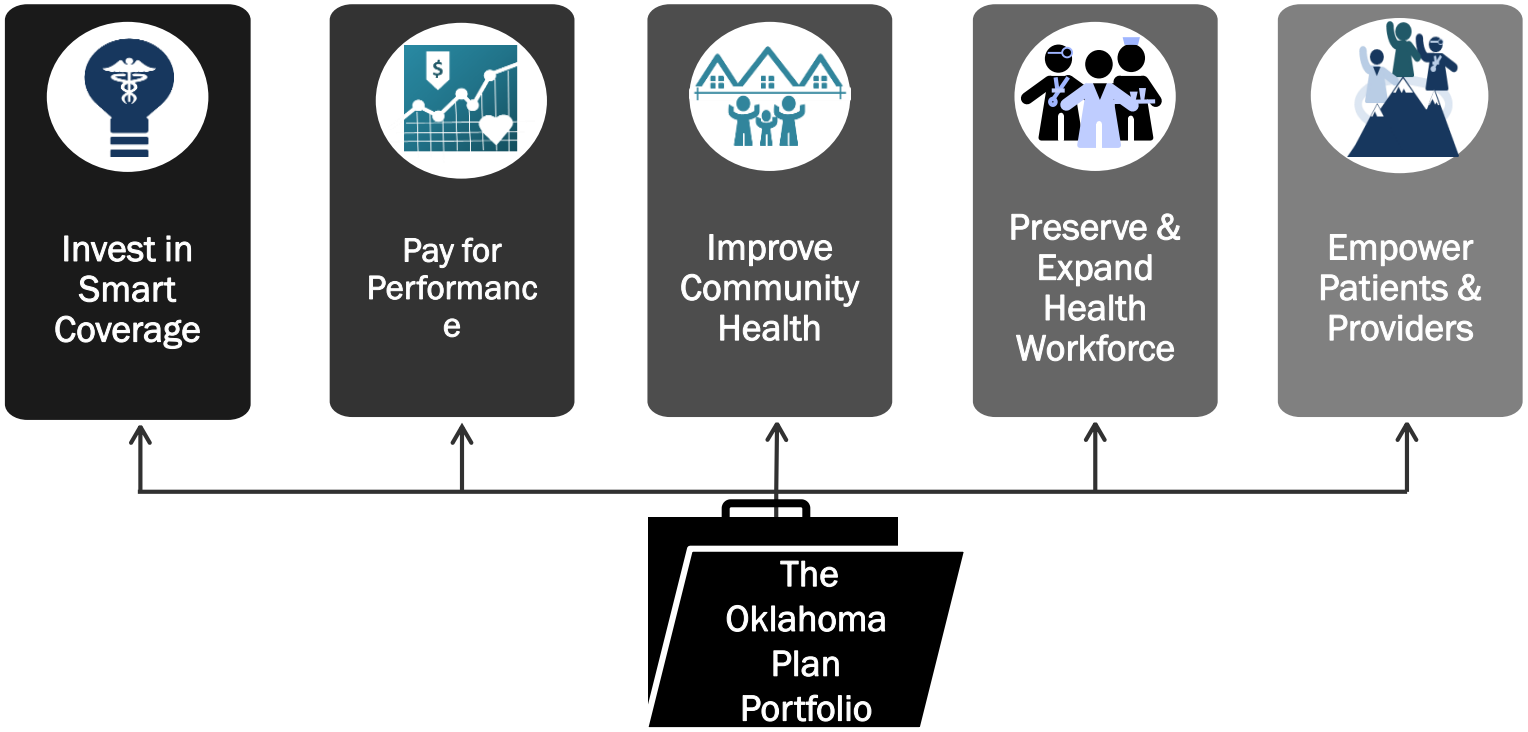
HB1386 also requires the HHS agencies to work together to submit new Innovation Waivers (1332 and DSRIP).

The Oklahoma Plan is the natural vehicle to help align, prioritize, and pursue these initiatives in a coherent fashion.

The Oklahoma Plan: The Oklahoma Plan Portfolio

The Oklahoma Plan Portfolio: This portfolio is the collection of cross-agency programs, projects, and initiatives that will be managed collectively by the various HHS Agencies assigned to these projects.

The initiatives contained within the portfolio represent the most significant opportunities the state can pursue to achieve the goals of the Oklahoma Plan.



Healthcare Innovation & Redesign

Pay for Success
Multi-Payer Initiatives
Health Access Networks

Value-Based Insurance Design
Integration of Public Health & Healthcare
Prioritization of Outcomes

Workforce

- Align State Workforce Efforts
- Robust & timely healthcare workforce data
- Pipeline adequate to meet current and future healthcare demand
- Delivery Redesign (Core Team)

Healthcare Financing

- Insurance Coverage
- Uncompensated Care
- State-Purchased Insurance
- Pay for Success (Core Team)

Health IT

- Increased adoption of HER
- Increased attainment of meaningful use
- Interoperability

Efficiency & Effectiveness

- Use of Clinical Preventive Services (prioritized)
- Care Coordination/ Team Based Care
- PCMH
- Practice Facilitation
- NQF goals – prioritized
- Outcome Driven Care

HEALTH TRANSFORMATION CORE MEASURES:

Improve Population Health – Reduce heart disease deaths by 11% by 2020 (2018 data).

Improve Quality of Care – Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020 (2019 data).

Bend the Healthcare Cost Curve – By 2020, limit annual state-purchased healthcare cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (estimated baseline for annual state-purchased healthcare cost growth = 5.11%).

Healthy Citizens and Strong Families

Oklahoma will strive to provide infrastructure for social stability, access to health care services, preventative care services, and promote overall wellness in order to support healthy people and strong families.

Wellness

Maternal & Infant Health, Obesity, Rx Drug & Substance Abuse and Tobacco Use

Prevention

Abuse & Injury, Chronic Disease, Food & Water Safety and Immunizations & Infectious Disease

Access

Behavioral Health and Health Services

Social Stability

Aging Services and Child Welfare Services

Source: http://okstatestat.ok.gov/health

OKStateSTAT – Access to Care Goals

Health Care Cost Growth - Limit state-purchased health care cost growth to 2% less than the projected national health expenditures average every year through 2019.

- Today: OK .72% National 5.5%
- Target: 2% Below National Average

Uninsured Individuals - Decrease the percentage of uninsured individuals from 17.7% in 2013 to 9.5% by 2019.

- Today: 13.9%
- Target: 9.5%

Health Professional Shortage Areas - Increase the percentage of health care access to citizens within designated Primary Care Health Professional Shortage Areas (HPSA) from 64% in 2014 to 74% by 2019.

- Today: 60%
- Target: 74%

Medicare Preventable Hospitalizations - Decrease the rate of preventable hospitalizations among Medicare beneficiaries from 76.9 per 1,000 in 2013 to 69.21 per 1,000 by 2019.

- Today: 62.6 per 1,000
- Target: 69.21 per 1,000

Inter-Agency Governance Structure

Proposed Oklahoma Quality Metrics - Phase 1

DRAFT – Quality Metrics

- 0018 - Controlling High Blood Pressure (CBP)
- 0024 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- 0028 - Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- 0034 - Colorectal Cancer Screening (COL)
- 0041 - Influenza Immunization
- 0059 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- 0418 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- 0421 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- 2372 - Breast Cancer Screening
- 1959 - HPV for Adolescents
- SBIRT-like measurement TBD

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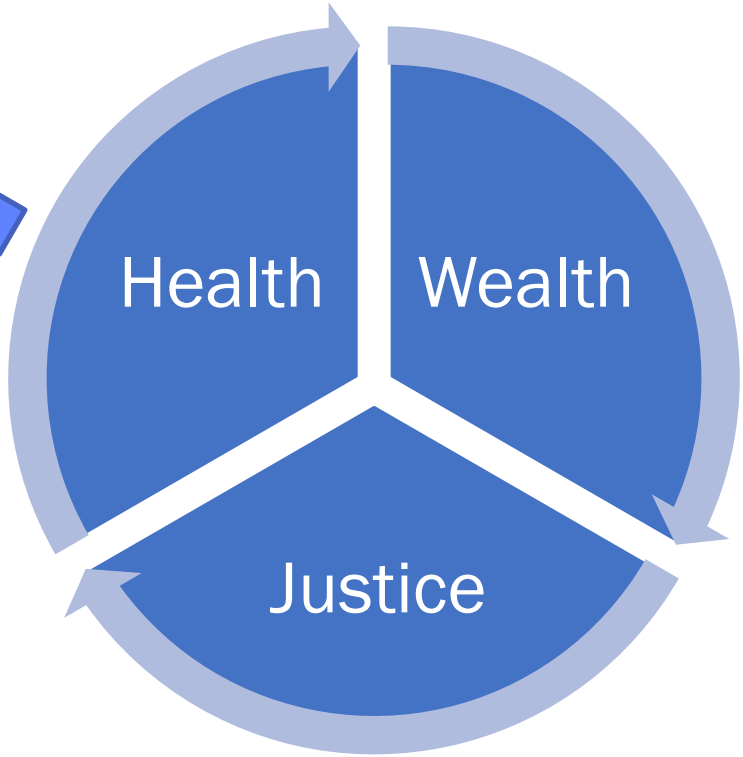
Subcommittee Required Evaluation Metrics/Standards

Governor's Priority Areas

OKLAHOMA HEALTH 360°



Program Title	SE Level	Recommendation	Evidence	Reach	CE	Score
Health/General Sector						
Screen Time Reduction Programs						96.2
Obesity Coaching/Counseling						90.0
Breastfeeding Promotion Programs						88.4
Weight Maintenance Coaching/Counseling						86.5
Gastric Bypass						80.2
Family-Based Physical Activity Support						65.0
Point-of-Decision Prompts						94.3
Worksite Programs						94.3
Physician Network						81.5
Prescriptions for Physical Activity						81.3
Point-of-Purchase Prompts for Healthy Eating						78.5

Strength of Evidence	
Scientifically Supported	Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results
Some Evidence	Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall
Expert Opinion	Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects
Insufficient Evidence	Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects
Mixed Evidence	Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects
Evidence of Ineffectiveness	Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results

Source: University of Wisconsin Population Health Institute. What Works for Health: Policies and Programs to Improve Wisconsin's Health. http://whatworksforhealth.wisc.edu/rating-scales.php

Level of Recommendation	
High Recommendation Class I	There is evidence for and/or general agreement that the intervention is beneficial, useful, and effective. The intervention should be performed.
Moderate Recommendation Class IIa	Weight of evidence/opinion is in favor of usefulness/efficacy. It is reasonable to perform the intervention.
Low Recommendation Class IIb	Usefulness/efficacy is less well established by evidence/opinion. The intervention may be considered.
Not Recommended Class III	There is evidence and/or general agreement that the intervention is not useful/effective and in some cases may be harmful

Source: Mozaffarian, D., et al. (2012). Population Approaches to Improve Diet, Physical Activity, and Smoking Habits: A Scientific Statement From the American Heart Association. Circulation, 126. doi: 10.1161?CIR.0b013e318260a20b.

Sources of Evidence to be Considered

Scientific Evidence: findings from published research

Organizational Evidence: data, facts, and figures gathered from the organizations

Experiential Evidence: the professional experience and judgment of partners

Stakeholder Evidence: The values and concerns of people who may be affected by the decision (implications)

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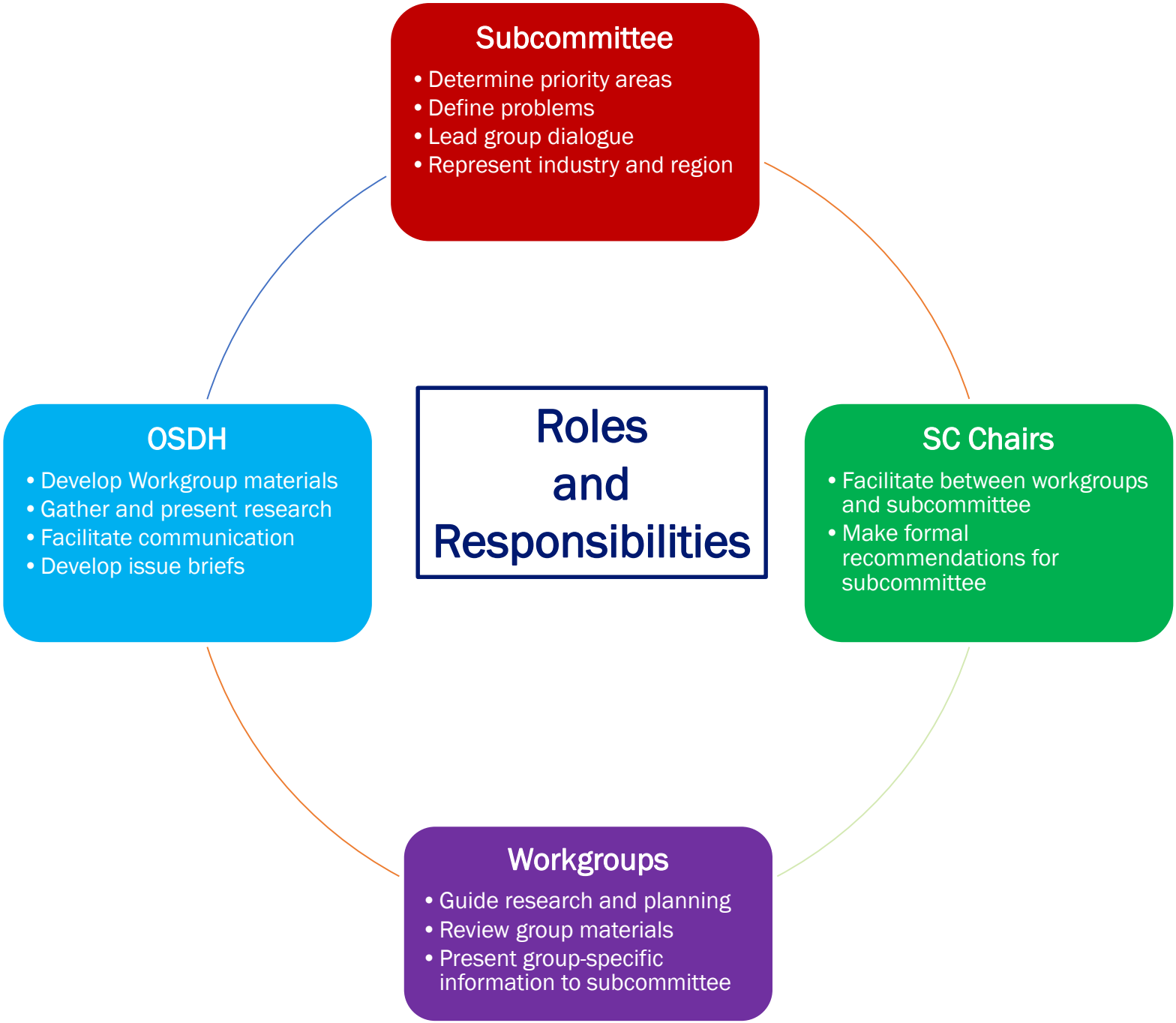
Source: Center for Evidence Based Management. (2014). Evidence-Based Management: The Basic Principles. Retrieved from: https://www.cebma.org/wp-content/uploads/Evidence-Based-Practice-The-Basic-Principles-vs-Dec-2015.pdf.

Research to Recommendations



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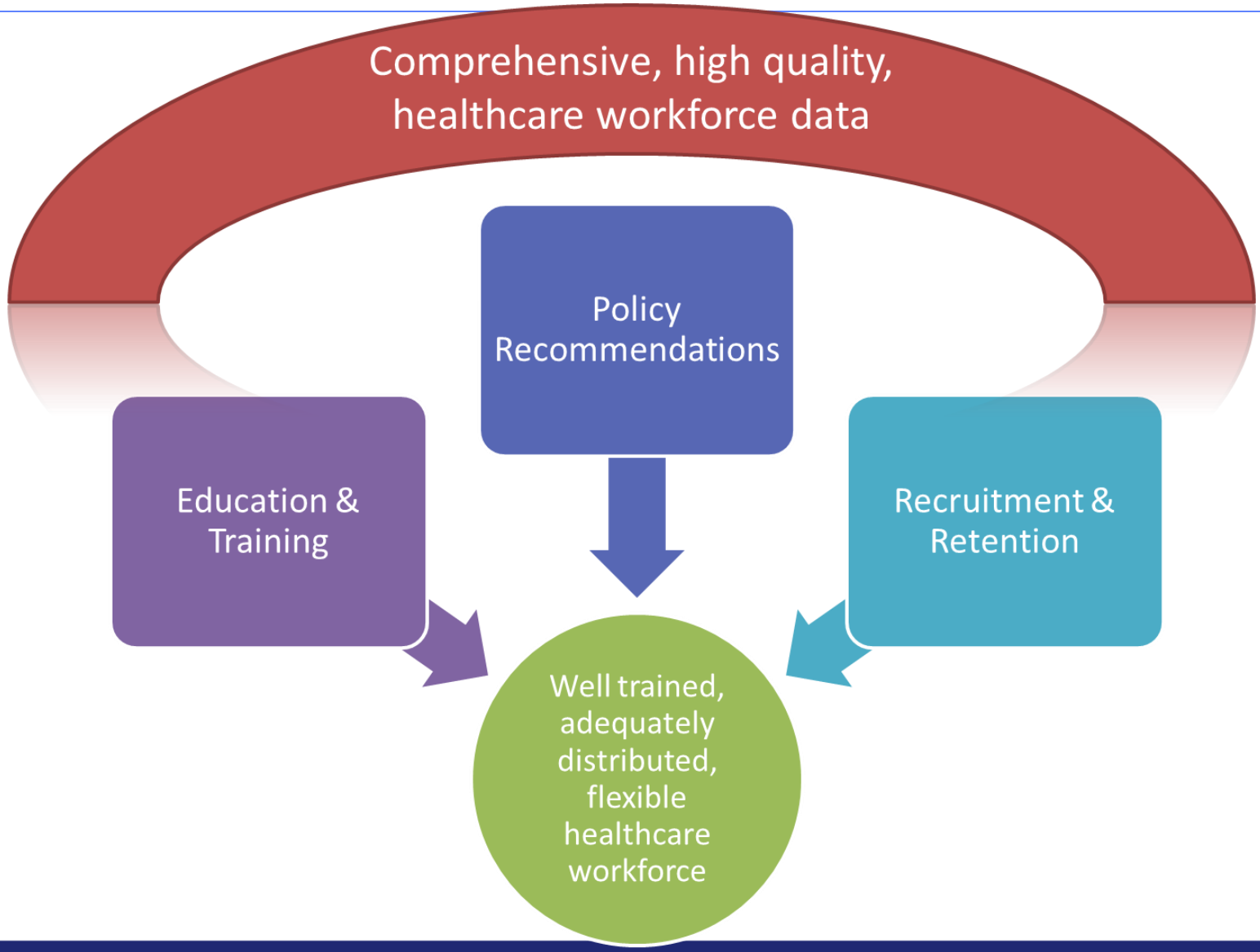
Health Workforce Action Plan

Moving from Planning to Implementation

Health Workforce Action Plan



Health Workforce Plan Overview: Core Area Strategies

Coordination of Workforce Efforts

- Integrate health workforce into workforce and economic development efforts
- Leverage efforts and scale successful demonstration projects

Workforce Data Collection and Analysis

- Ensure availability of comprehensive, high quality health workforce data
- Establish centralized health workforce data center

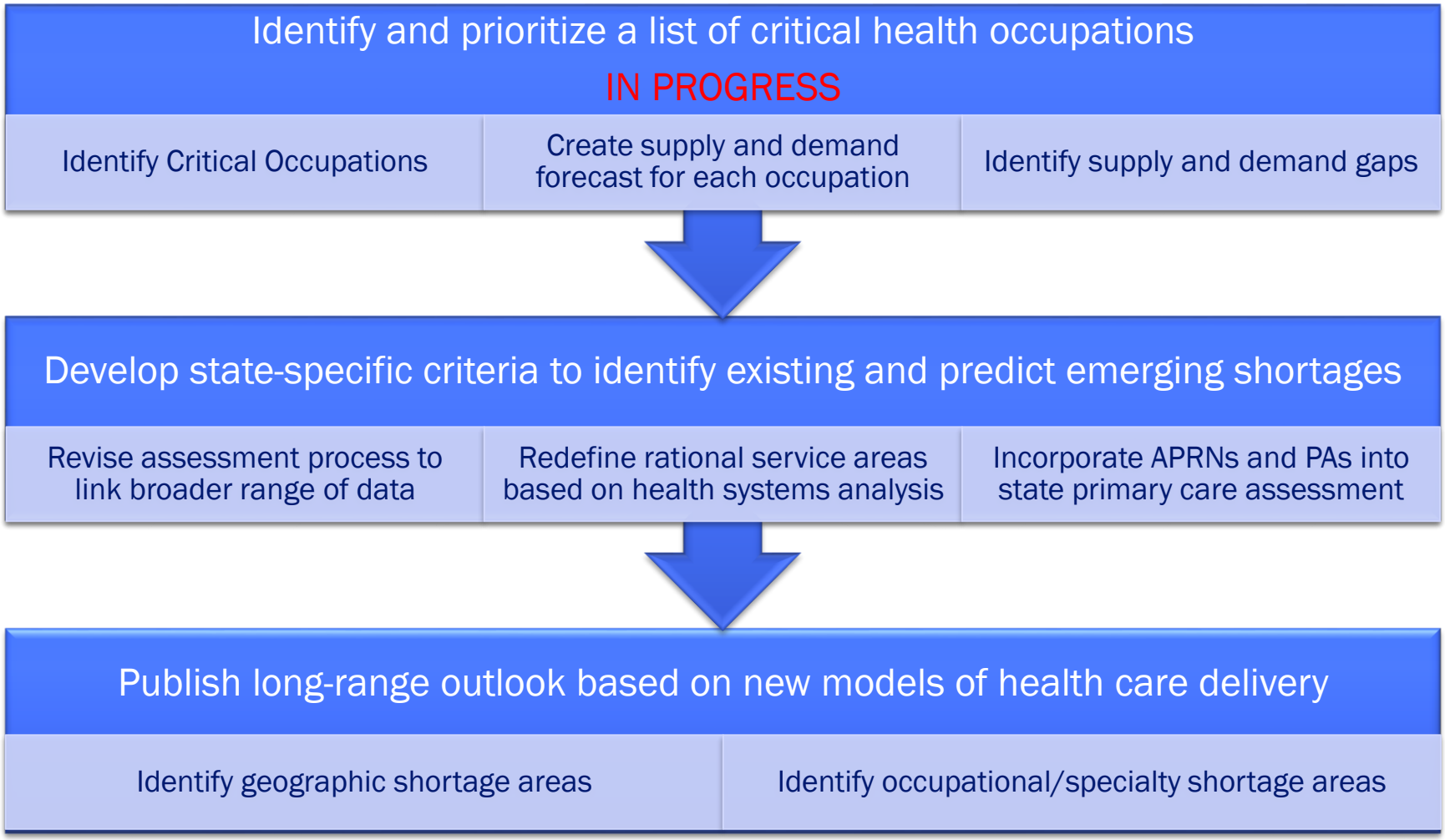
Workforce Redesign

- Achieve collaboration necessary to support team-based health care delivery
- Ensure training and education matches the needs of a redesigned health care system
- Support the utilization of telehealth

Pipeline, Recruitment and Retention

- Facilitate collaboration and achieve consensus on statewide strategies for education, training, and development
- Align and integrate strategies with economic development priorities

Coordination of Workforce Efforts



Data Collection and Analysis

Assess, evaluate, and thoughtfully address requirements for physician and ancillary health providers to meet the demands of innovative care delivery models	Convene interdisciplinary group to guide development of strategy to address regulatory and policy issues that affect health professions
	Assess barriers to health workforce flexibility and optimization
	Utilize findings from demonstration projects (e.g., H2O, Comprehensive Care Initiative, Health Access Networks)
	Develop policy and program recommendations that support health care transformation
Recommend strategies to establish career pathways for new health professions	Review and analyze findings from current research and statewide initiatives IN PROGRESS
	Define positions and competencies required for emerging health professionals, focusing first on community health workers and care coordinators IN PROGRESS
	Develop training, policy and reimbursement recommendations that support new and emerging health professionals PLANNED

Workforce Redesign

Increase statewide opportunities for training and professional development for health professionals	Develop statewide training and education plan for the health care transformation In Progress: Will be included in processes Health Care Industry Report
	Develop plan to utilize technology to increase statewide opportunities for training and professional development for health professionals on health transformation innovation, including practicing team-based, goal directed care, using EHR to advance population health, and incorporation of telemedicine.
	Create a plan to leverage existing initiatives to create learning networks, virtual communities of practice, and other evidence-based practices
	Develop business plan to secure resources and sustain effort
Develop a plan to optimize telehealth and telemedicine capabilities	Develop a statewide telehealth plan In Progress (ASTHO Technical Assistance)
	Develop statewide policy recommendations. In Progress (Policy analysis complete)
	Develop recommendations for public/private health education programs for tobacco cessation, diabetes, and other chronic disease management initiatives
	Convene rural telehealth committee to examine and identify potential telehealth innovations to provide robust support to rural hospitals and health care providers

Workforce Redesign (2)

Increase the number of physicians trained and retained in Oklahoma	Sustain and leverage current state Graduate Medical Education (GME) resources In Progress
	Expand community-based residencies and rotations In Progress
	Maximize impact of pipeline, recruitment and retention efforts In Progress
	Address community factors (e.g., economic viability, community support and quality indicators) In Progress
Develop and enhance pipeline, recruitment and retention programs for nurses, physician assistants, and other ancillary health care providers	Develop a state plan to address provider shortages and integrate inter-professional education, recruitment and retention strategies
	Increase number of community-based training sites for ancillary providers

Recruitment and Retention

Assess and improve the distribution and accessibility of health professional training and professional development programs	Develop objectives to include conducting a needs assessment, identifying barriers to implementation, providing recommendations to overcome policy barriers, and securing a plan for developing resources for implementation
	Explore shared services for higher education that would increase the distribution and availability of health professions training and professional development programs
	Develop recommendations to be proposed to the Health Workforce Subcommittee for the Governor's Council on Workforce and Economic Development

Recruitment and Retention (2)

Next Steps

Workgroup Progress

- GME Recommendations
- THC Plan and Recommendations
- Critical Occupations

Revise and Prioritize

- Review goals, strategies and action steps
- Suggest revisions
- Prioritize

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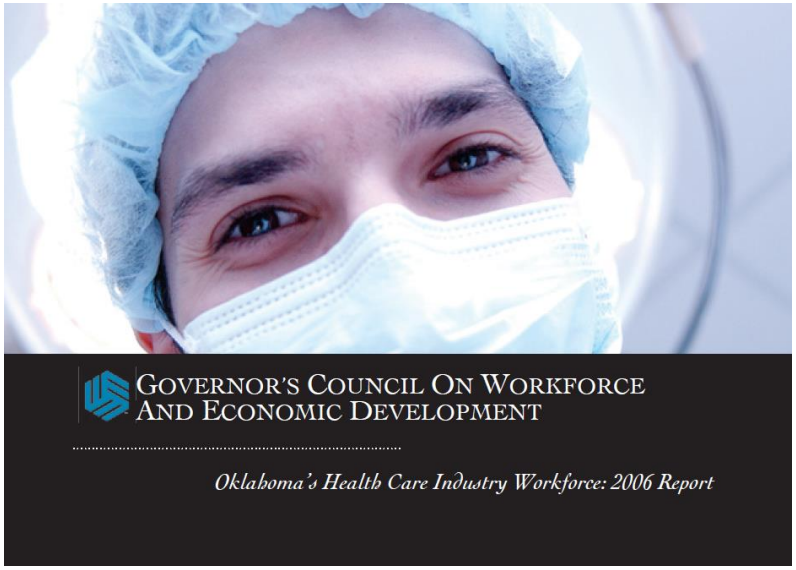
Goals for 1st Year:

1. Produce a statewide "critical health care occupations" report which includes a supply and demand forecast and identifies skills gaps

2. Develop recommendations for closing the supply and demand gap for health care occupations



Report Purpose

Identify Critical Occupations

Project Supply and Demand

Forecast Shortages / Surplus

Strategies to Close Supply Gap

Health Care Industry Report: Updates

Past

- Met with Stakeholder group on March 31st
- Discussed the recommendation to revise the 2006 report

Current

- Develop MOUs among agencies
- Gathering data from Stakeholders, creating data inventory
- Determining "Critical Occupations" list with guidance from Critical Occupations workgroup
- List will determine **what occupations will be included** in the report

Next Steps

- With updated Critical Occupations list:
  - Project Supply and Demand
  - Forecast shortages/surplus
  - Develop strategies and recommendations to close supply/skills gaps

Health Care Industry Report Plan Timeline

Task	2017									
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Ongoing: Stakeholder Engagement	Stakeholder Engagement									
Phase 1: Define • Finalize roles and responsibilities • Identify goals and objectives of revised report • **Identify Critical Occupations**										
Phase 2: Develop Report Design • **Project Supply and Demand** • **Forecast shortages / surplus**										
Phase 3: Refine Data and Develop Surveys if needed • Analyze data • **Strategize and issue recommendations to close gaps**										
Phase 4: Finalize Report • Refine report based on data elements										

Current Stakeholders

- Oklahoma State Regents for Higher Education
- Office of Workforce Development
- Oklahoma Employment Security Commission
- Oklahoma Department of Commerce
- Oklahoma Department of Career and Technical Education
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Hospital Association
- Oklahoma Primary Care Association
- Oklahoma Osteopathic Association
- Mental Health Association Oklahoma
- Oklahoma State Office of Rural Health
- Oklahoma Association of Health Care Providers
- Oklahoma Board of Nursing
- Oklahoma State Medical Association
- Licensure Boards

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Workgroup Breakout

Critical Occupations

Room 1106

- Jami Vrbenec
- Jennifer Kellbach

Teaching Health Center

&

Graduate Medical Education

Room 1102

- Spencer Kusi
- Jana Castleberry

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